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PATENT
Attorney Docket No.: 16869P-014900US
Client Ref. No.: 219901005US1

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On July 22, 2004

TOWNSEND and TOWNSEND and CREW LLP

By: *Y. Butler*

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Ryota Mita

Application No.: 09/669,032

Filed: September 25, 2000

For: CELLULAR PHONE

Customer No.: 20350

Confirmation No. 3497

Examiner: Corey P. Chau

Technology Center/Art Unit: 2644

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed April 22, 2004, please enter the following amendments and remarks:

Amendments to the Abstract begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 6 of this paper.



PTO/SB/21 (04-04)

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/669,032
Filing Date	September 25, 2000
First Named Inventor	Mita, Ryota
Art Unit	2644
Examiner Name	Corey P. Chau
Attorney Docket Number	16869P-014900US

Total Number of Pages in This Submission

10

ENCLOSURES (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/Incomplete Application
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Townsend and Townsend and Crew LLP	Reg. No. 46,580
Signature	<i>Tyrome Y. Brown</i>	
Date	July 22, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name
Monique M. Butler

Signature

Monique M. Butler

Date

7/22/04